MDHHS

Michigan Department of Health & Human Services

Provider Enrollment
New Facility/Agency/Organization (FAO)
Step 13: Fee Payment

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

Table of Contents

- Provider Enrollment Process Overview
- Fee Payment Requirements
- Starting a New Facility/Agency/Organization (FAO) Enrollment Application
  - Step 3: Add Specialties
  - Step 13: Fee Payment
  - Step 14: Upload Documents
- Provider Enrollment Resources

Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
  - Policy Bulletin MSA: [13-17](#)
  - Policy Bulletin MSA: [18-47](#)
  - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Register with SIGMA – Vendor Self Service](#)
  - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
  - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
  - Form: Electronic Signature Agreement ([DCH-1401](#))

Fee Payment Requirements

Per MSA 12-55 and 13-17

- Enrollment application fees are required from all institutional providers, as defined by the Centers for Medicare and Medicaid Services (CMS).

  - Any providers who are considered institutional in Medicare are also considered institutional in Medicaid. Medicare does not use a broader definition of institutional than Medicaid.

  - Institutional Providers when enrolling within the State of Michigan's Community Health Automated Medicaid Processing System (CHAMPS) will be asked what institutional provider type they are considered in enrollment Step 3: Add Specialties (reference next slide for list of institutional provider types).

Fee Payment Requirements
Institutional Provider Types:

- Ambulatory Surgical Centers (ASC)
- Ambulance service suppliers
- Community mental health centers (CMHCs)
- Comprehensive outpatient rehabilitation facilities (CORFs)
- Competitive Acquisition Program/Part B Vendors
- DMEPOS suppliers
- End-stage Renal Disease facilities (ESRD)
- Federally Qualified Health Centers (FQHC)
- Health programs operated by an Indian health program (as defined in section 4(12) of the Indian Health Care Improvement Act) or an urban Indian organization (as defined in section 4(29) of the Indian Health Care Improvement Act) that receives funding from the Indian health service pursuant to Title V of the Indian Health Care Improvement Act
- Histocompatibility laboratories
- Home Health Agencies (HHA) (including HHAs that must submit an initial enrollment application pursuant to § 424.550(b)(1))

- Hospices
- Hospitals
- Independent clinical laboratories
- Independent diagnostic testing facilities
- Mammography screening centers
- Mass immunization roster billers
- Nursing Facility (other)
- Outpatient physical therapy/outpatient speech pathology providers enrolling via the Form CMS-855A
- Organ procurement organization (OPO)
- Pharmacies that are newly enrolling or revalidating via the Form CMS-855B application
- Portable x-ray suppliers (PXRS)
- Radiation therapy centers
- Religious non-medical health care institutions (RNHCI)
- Rural Health Clinics (RHC)
- Skilled nursing facilities

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Fee Payment Requirements

- An institutional provider should pay one fee, at an enrollment level, regardless of how many physicians reassign their benefits to that institution. An institutional provider pays a fee on a per application basis.
  - For example, if a provider submits a single application containing multiple practice locations, the provider pays a single fee.
- Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.
- Providers completing a new FAO enrollment, or a CHAMPS revalidation, may be required to either pay the fee or indicate that they have paid the fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP).

Starting a New Facility/Agency/Organization (FAO) Enrollment Application

Prior to completing step 13, Fee Payment, the provider specialty selected will determine if step 13 is required or optional.

The next slides will provide details on Step 3: Add Specialties.

- To verify or add a specialty (i.e., provider type) reference **Step 3: Add Specialties**.

- If a specialty has already been added in the enrollment, go to **Step 13: Fee Payment instructions**.

- Track Application – **PDF**

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🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: | Name:

⊘ Close | ⊕ Add

⊞ **Specialty/Subspecialty List** ^

| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

	Specialty/Subspecialty △▽	Provider Type △▽	End Date △▽
☐			
	No Records Found !		

- Click Add

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- Choose appropriate Location, Provider Type, and Specialty
  (Please Note: There is no need to fill in an End Date)
- Dependent on the Specialty chosen, Available Subspecialties will populate

- When Provider Type and Specialty have been chosen, the available subspecialties will be listed
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- When complete, click Ok

- Once all Specialties/Subspecialties have been added, click Close

- Step 3 is complete
- Complete the remaining required steps, prior to moving onto Step 13: Fee Payment
  - Step-by-step FAO enrollment instructions can be found on www.Michigan.gov/Medicaidproviders >> Provider Enrollment >> Step-by-step CHAMPS Enrollment Guides or directly, CHAMPS Enrollment Application: FAO User Guide

Starting a New Facility/Agency/Organization (FAO) Enrollment Application

Step 13: Fee Payment

Enrollment application fee requirement per CMS. Select the most appropriate choice from the options below:

- <u>Pay Fee</u>: Select this option for instructions on paying fee to Michigan Medicaid.

- <u>Pay Fee - Paid to Other Program</u>: Select this option if you have already paid the fee to other State Medicaid or Medicare programs.

- <u>Request Hardship Waiver</u>: Select this option to request Hardship Waiver from Provider Enrollment Unit.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.

Pay Fee

Payment instructions regarding paying fee to Michigan Medicaid.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.

My Inbox ▾ | Provider ▾ | Claims ▾ | Member ▾ | PA ▾

👤 [redacted] ▾   Last Login: 04 NOV, 2019 02:02 PM   📝 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: [redacted]   **Name:** [redacted]

⊗ Close

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   ⊙ Go   📄 Page Count   📊 SaveToXLS   **Viewing Page: 1**   ≪ First   ‹ Prev   › Next   ≫ Last

- ## Click Step 13: Fee Payment
  - *(Please Note: All prior required steps show a status of complete.)*

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🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: _____   Name: _____

⊗ Close   ⊕ Add

	Fee Payment List	⌃

Filter By [▾] [_____] [_____] [⊙ Go]   💾 Save Filters   ▼ My Filters ▾

☐	Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼
				No Records Found !				

- Click add

- Select the 'Pay Fee' option in order to pay the fee to Michigan Medicaid.
- By Clicking the button 'Pay Fee' you will be redirected to an external Payment Gateway where the fee can be paid.

https://.thepayplace.com/ - MDHHS Provider Enroll - Payment Method - Internet Explorer

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Payment Method

Welcome to the MDHHS Provider Enroll Payment Website!

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay your invoice using your MasterCard, Visa, or Discover credit card. Please allow 3-10 business days for your invoice to be recorded as paid in the invoice system.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please call 800-292-2550.

* Indicates required field

Choose method of payment

○ **Pay by electronic check**

　　* Account Type: Personal ▾

○ **Pay by credit card**

VISA　MasterCard　DISCOVER

Back　Next　Exit

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- The payment screen will pop-up in a new internet window. For preferred payment method select an option below:
  - Pay by Electronic Check
  - Pay by Credit Card

Pay Fee: By Electronic Check

Instructions on how to select the electronic check fee payment option.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **<u>not</u>** required to pay an application fee to the Michigan Medicaid Program.

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Payment Method

Welcome to the MDHHS Provider Enroll Payment Website!

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* Indicates required field

Choose method of payment

- ⦿ **Pay by electronic check**

  * Account Type: [Personal ▾]

- ◯ **Pay by credit card**

  VISA MasterCard DISCOVER

Back **Next** Exit

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- If selecting the electronic check method of payment make the additional selection to determine if its a personal or business checking account type.
- Click Next

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Payment Information

MDHHS Provider Enroll

Please complete the following to process your payment.

BUSINESS ACCOUNTS -If you are paying on behalf of a business, please enter your first name in the First Name field, and then enter the name of the business in the Last Name field under the Billing Address section.

When entering your personal or business name below please omit any special characters such as a period(.), comma(,), dash (-), apostrophe('), or ampersand(&) sign.

*NOTE - If using a credit card, the address you enter must match the address on your credit card billing statement.

* Indicates required field

Billing Address

☐ Use Business Name
*First Name: [   ]
M.I.: [ ]
*Last Name: [   ]
*Street Line 1: [   ]
Street Line 2: [   ]
*City: [   ]
*State: Select State ▼
*Zip: [   ]
*Phone: [   ]
*E-Mail: [   ]

Payment Details

*Payment Amount: 586.00 USD
Payment Date: 11/05/2019 📅

Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 9:59 PM ET will be executed on the next valid banking day.

Payment Method

*Name On Account: [   ]
*Account Number: [   ] What's This?
*Re-Type Account Number: [   ]
*Routing Number: [   ] What's This?
*Account Type: ⦿ Checking ○ Savings

Back | Next | Exit

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- Enter all required information as indicate by an asterisk(*).
- The payment amount will default to the current application fee.
- Click Next
  - Warning: clicking 'x' to close the window will not allow the payment to post and not be displayed in CHAMPS.

- Once a payment has been submitted you will be taken back to the CHAMPS Fee Payment screen.
- The screen will show the payment date, payment status as completed and confirmation number.
- Click Ok

Application ID: [____]   Name: [____]

⊘ Close ⊕ Add

▦ **Fee Payment List**   ⌃

Filter By ▾	[____]	[____]	⊙ Go		💾 Save Filters	▼ My Filters ▾

☐	Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼
☐	4H38AHFBVF	New Enrollment	$586.00	Pay Fee		Payment Completed	[____]	11/05/2019

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- The Fee payment list screen will show the payment information
- Click Close to return to the enrollment application steps

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Pay Fee: By Credit Card

Instructions on how to select the credit card fee payment option.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.

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Payment Method

Welcome to the MDHHS Provider Enroll Payment Website!

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay your invoice using your MasterCard, Visa, or Discover credit card. Please allow 3-10 business days for your invoice to be recorded as paid in the invoice system.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please call 800-292-2550.

* Indicates required field

Choose method of payment

○ **Pay by electronic check**

* Account Type: Personal ▼

⦿ **Pay by credit card**

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Back Next Exit

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- Select pay by credit card payment method
- Click Next

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Please complete the following to process your payment.

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When entering your personal or business name below please omit any special characters such as a period(.), comma(,), dash (-), apostrophe('), or ampersand(&) sign.

*NOTE – If using a credit card, the address you enter must match the address on your credit card billing statement.

* Indicates required field

Billing Address

☐ Use Business Name

*First Name: _____

M.I.: __

*Last Name: _____

*Street Line 1: _____

Street Line 2: _____

*City: _____

*State: [Select State ▼]

*Zip: _____

*Phone: _____

*E-Mail: _____

Payment Details

➡ *Payment Amount: 586.00 **USD**

Payment Method

*Name on Card: _____

*Card Number: _____

*Expiration Date:
* Month [▼]
* Year [▼]

*Card Verification Value(CVV2): _____ What's This?

[Back] [Next] [Exit]

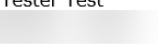All trademarks, service marks and trade names used in this material are the property of their respective owners.

- Enter all required information as indicate by an asterisk(*).
- The payment amount defaults to the current application fee amount.
- Click Next

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Payment Review

MDHHS Provider Enroll

Please verify that the information listed below is correct.

Address
Billing Address: Tester Test 100 n capital ave lansing, MI 48906 (517) 123-4567 abc@abc.com
Payment Method
Credit Card VISA Tester Test
Payment Amount
Amount: 586.00 USD
Total: 586.00 USD

Back **Pay Now** Exit

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- Verify all the information shown is correct
- Click Pay Now
- After paying click exit
  - Warning: clicking 'x' to close the window will not allow the payment to post and not be displayed in CHAMPS.

- Once a payment has been submitted you will be taken back to the CHAMPS Fee Payment screen.
- The screen will show the payment date, payment status as completed and confirmation number.
- Click Ok

- The Fee payment list screen will show the payment information
- Click Close
- To continue with the presentation click on, enrollment application steps

Pay Fee: Paid to Other Program

Select this option if you have already paid the fee to other State Medicaid or Medicare programs.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.

Application ID: [redacted]   **Name:** [redacted]

Close

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   Go   Page Count   SaveToXLS   Viewing Page: 1   First   Prev   Next   Last

- ## Click Step 13: Fee Payment
  - *(Please Note: All prior required steps show a status of complete.)*

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🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: Name:

🚫 Close   ⊕ Add

▦ Fee Payment List   ⌃

| Filter By ▾ | | | ⊙ Go | | | | 🖫 Save Filters | ▼ My Filters ▾ |

☐	Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼
				No Records Found !				

- Click add

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- Select the Fee Paid To Other Program option if the application fee has been paid to another state Medicaid or Medicare program.

- Select the program name and date of payment
  - If the provider is Medicare enrolled and has paid the fee to Medicare choose 'CMS' in the Fee paid to dropdown.
- If you have a receipt of the payment upload the copy in 'Upload Documents' Step.

- The Fee Payment List screen will show the payment information.
- To continue with the presentation click on, enrollment application steps

Request Hardship Waiver

Select this option to request a Hardship Waiver from Provider Enrollment Unit.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.

Application ID: [redacted]   **Name:** [redacted]

Close

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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- Click Step 13: Fee Payment
  - *(Please Note: All prior required steps show a status of complete.)*

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🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: [redacted]   **Name:** [redacted]

⊘ Close | ⊕ **Add**

⠿ Fee Payment List ⌄

| Filter By ▾ | | | ⊙ Go | | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼
				No Records Found !				

- Click add

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- Select the Request Hardship Waiver to submit a letter to MDHHS indicating why you are unable to pay the fee.

Application ID: [   ]   Name: [   ]

⊘ Close   ⊕ Add

⊞ **Fee Payment List**   ⌃

| Filter By ▾ | | | ⊙ Go | | | | 💾 Save Filters | ▼ My Filters ▾ |

	Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼
☐	MQGRT1OHHF	New Enrollment		Request Hardship Waiver	NA	NA		11/05/2019

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- The Fee Payment List screen will show the hardship waiver option has been selected.
- Click Close.

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Application ID: _____		Name: _____				

⊘ Close

⊞ Enroll Provider - FAO   ⌃

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required	11/05/2019	11/05/2019	Complete	⬅
Step 14: Upload Documents	Required	11/05/2019	11/05/2019	Incomplete	Please upload your Hardship Letter.
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: [1] ⊙ Go   📄 Page Count   📄 SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last

- Step 13: Fee Payment will show complete
- Click Step 14: Upload Documents, if applicable, to upload your hardship letter or receipt of fee payment to another program.
- Otherwise: Complete the remaining required steps 15 & 16.
    - Step-by-step FAO enrollment instructions can be found on www.Michigan.gov/Medicaidproviders >> Provider Enrollment >> Step-by-Step CHAMPS Enrollment Guides or directly, CHAMPS Enrollment Application: FAO User Guide

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Starting a New Facility/Agency/Organization (FAO) Enrollment Application

Step 14: Update Documents

Instructions for uploading a hardship letter or receipt of fee payment to another program. This step may be skipped if payment was submitted in Step 13: Fee Payment.

- *Please Note: This step will only show required if Hardship letter has been selected in Step 13: Fee Payment.*

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🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: _____   **Name:** _____

⊘ Close

⋮⋮⋮ Enroll Provider - FAO   ⌃

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required	11/05/2019	11/05/2019	Complete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1   ⊙ Go   📄 Page Count   📊 SaveToXLS   **Viewing Page: 1**   « First   ‹ Prev   › Next   » Last

- Click Step 14: Upload Documents to upload your hardship letter or receipt of fee payment to another program.
  - *Please Note: This step will only show required if Hardship letter has been selected in Step 13: Fee Payment.*

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Application ID: | Name:

⊘ Close

Document List

⊕ Add

Filter By [▾] [   ] [   ] [⊙ Go]   💾 Save Filters   ▼ My Filters ▾

	Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
	△▽	▲▽	▲▽	▲▽	▲▽	▲▽	▲▽	▲▽	▲▽
				No Records Found !					

- Click Add

- Click the document type drop-down
- Select the appropriate type of document
  - For Fee Payment select Fee Verification/Hardship Waiver

- Click the document name drop-down
- Click browse to find the saved file on your computer
- Enter any remarks
- Click Ok to return to the enrollment steps

👤 [_____] ▾   Last Login: 05 NOV, 2019 06:57 AM   📝 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › New Enrollment › FAO Enrollment

Application ID: [_____]				Name: [_____]	

⊘ Close

▦ Enroll Provider - FAO   ⌃

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required	11/05/2019	11/05/2019	Complete	
Step 14: Upload Documents	Optional	11/05/2019	11/05/2019	Complete ←	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: [1]   ⊙ Go   📄 Page Count   ⊞ SaveToXLS   Viewing Page: 1   ≪ First   ‹ Prev   › Next   ≫ Last

- Step 14: Upload Documents will show as complete if documents were uploaded
- Complete the remaining required steps, 15 & 16.
  - Step-by-step FAO enrollment instructions can be found on www.Michigan.gov/Medicaidproviders >> Provider Enrollment >> Step-by-Step CHAMPS Enrollment Guides or directly, CHAMPS Enrollment Application: FAO User Guide

Provider Enrollment Resources

- **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html

- **SIGMA:**
  - New Facility/Agency/Organization (FAO) Providers must register with SIGMA as Vendors
  - Please visit: Michigan.gov/SIGMAVSS

- **Trainings:**
  - CHAMPS Enrollment Application: FAO User Guide
  - Domain Administrator Functions
  - Track Application – PDF

- **Forms:**
  - Electronic Signature Agreement Cover Sheet (MDHHS-5405)
  - Electronic Signature Agreement (DCH-1401)

- **Provider Enrollment:**
  - 1-800-292-2550
  - ProviderEnrollment@Michigan.gov
  - ProviderSupport@Michigan.gov